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**OFFICIAL SUPERIOR'S REPORT OF INJURY  
AND DEATH**

(To be submitted to U. S. DEPARTMENT OF LABOR, Bureau of Employees' Compensation, as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Bureau for medical expense. This form should be accompanied by C. A. 1.)

Place of employment	1. Department _____ <small>(Army, Navy, etc.)</small>	2. Bureau or office _____ <small>(Engineer, Navigation, etc.)</small>
	3. Place of employment _____ <small>(Arsenal, navy yard, etc.)</small>	_____ <small>(City)</small> _____ <small>(State)</small>
	4. Reporting office _____ <small>(Location of reporting office or division headquarters)</small>	
	5. Name of superintendent or foreman in charge when injury occurred _____	
The injured employee	6. Name of injured employee <u>Crispin GARCIA Fernandez 27</u> Sex <u>M</u> 9. Citizenship <u>CUBAN</u> <small>(Give first name in full)</small>	
	10. Home address <u>Miami, Fla.</u> <small>(Street and number)</small> _____ <small>(City or town)</small> _____ <small>(State)</small>	
	11. Occupation and division <u>PILOT</u> <small>(Give both, as laborer, hull division; helper, machine shop, etc.)</small>	
	12. Total length of service with the Government as a civilian? _____	
	13. Rate of pay on date of injury, \$ <u>320.00</u> per <u>MO.</u> { and subsistence valued at \$ _____ per _____ and quarters valued at \$ _____ per _____	
	14. Place where injury occurred <u>Nicaragua</u> <small>(Give exact location, as name or number of building and division, etc.)</small>	
	15. Date of injury <u>About 18 April</u> 19 <u>61</u> , day of week _____; hour of day _____ m. <small>(a. m. or p. m.)</small>	
	16. Date employee stopped work _____, 19 _____; day of week _____; hour of day _____ m. <small>(a. m. or p. m.)</small>	
	17. Date employee's pay stopped _____, 19 _____; day of week _____; hour of day _____ m. <small>(a. m. or p. m.)</small>	
	18. Time of death <u>About 18 April</u> 19 <u>61</u> _____ <small>(Give date and hour)</small>	
The injury	19. Place of death <u>Nicaragua</u> <small>(Name of hospital, establishment, etc.)</small> _____ <small>(City or town, and State)</small>	
	20. Immediate cause of death <u>Airplane Crash - Plane disappeared after take-off</u> <u>on April 18, 1961 from Boca Chica Air Base.</u>	
	21. Describe in full how injury occurred <u>Plane was found in the Nicaraguan jungle</u> <u>in November 1961 and natives stated they buried the remains</u> <u>at the scene of the crash.</u>	
	22. State part of body injured and nature and extent of injury _____	
	23. Was employee injured while in performance of duty? <u>Yes</u> If not, or in doubt, give detailed statement _____	
	24. Was injury caused by: (a) Willful misconduct of the employee? <u>NO</u> (b) Intention of employee to bring about injury or death of himself or another? <u>NO</u> (c) Employee's intoxication? <u>NO</u> <small>(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reasons for his conclusion.)</small>	
	25. Was written notice of injury given within 48 hours? _____ If not, did immediate superior have actual knowledge of injury? _____ <small>(Answer to question 1, Form C. A. 1, must be complete if notice was not given within 48 hours)</small>	
	26. Names and addresses of witnesses to injury _____	
Medical attendance	27. Name and address of physician who first attended case _____	
	28. To what hospital sent? _____ Location _____	
Dependents	29. Widow of deceased employee <u>Nora Capote</u> See CA-5 <small>(Give full name.)</small> _____ <small>(Address)</small>	
	30. Children of deceased employee under 18 years of age, or those over 18 who are incapable of self-support: <u>Franklin Garcia Capote, son</u> Date of birth <u>3 April 56</u> <small>Name</small> _____ <small>Date of birth</small>	
	31. Names, relationship, and addresses of all other persons known to be dependent, in any degree, upon decedent at time of death: <u>Nora</u> - father Relationship _____ Address <u>See CA-5</u> <u>_____</u> - mother _____	
Signed this _____ day of _____, 19 _____ at _____ <div style="text-align: right;">_____ <small>(Signature of reporting officer)</small> _____ <small>(Title)</small></div>		

Approved for Release  
Date AUG 1967

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